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APPLICANTS

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** CONTINUING DATA *****

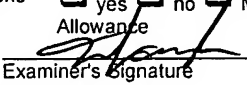
This application is a CON of 09/992,359 11/14/2001 PAT 6,689,047
 which claims benefit of 60/248,808 11/15/2000

** FOREIGN APPLICATIONS *****

NO

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 02/25/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance  Examiner's Signature Initials	STATE OR COUNTRY MA	SHEETS DRAWING 3	TOTAL CLAIMS 33	INDEPENDENT CLAIMS 3
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ADDRESS

28120
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TITLE

Treating urinary incontinence

FILING FEE RECEIVED 1004	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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